



OFFICE OF THE BOARD OF HEALTH

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02474

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Director of Public Health

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Application for a Permit to Operate a Tanning Facility in the Town of Arlington

Name of Establishment_____

Address_____

Person in Charge or Owner_____

Number of Tanning Devices_____

Types of Device(s) (Booths, Beds, etc.)_____

Manufacturer of Device(s)_____

List all persons who operate the tanning device(s) at this facility_____

Type of sanitizer/disinfectant used for contact surfaces_____

Annual Fee: \$145.00

Please attach one (1) copy of the customer warning statement, and one (1) copy of the injury report form used.

Signature of Manager/Owner_____ Date_____